

FROM McANDREWS, HELD, & MALLOY

(MON) 4. 3' 06 19:31/ST. 19:30/NO. 4861050098 P. 1



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TO: Marceau Milord

Examiner, Group Art Unit 2682

FAX NO.: (571) 273 - 8300

FROM: Michael T. Cruz


USER ID: 8084

CLIENT: 1772

MATTER: 15258US03

Number of Pages This Transmission (Including Cover Page): 18

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<b>TRANSMITTAL FORM</b>		Application Number 09/695,715	
(to be used for all correspondence after initial filing)		Filing Date October 23, 2000	
		First Named Inventor Ahmadreza Rofougaran	
		Art Unit 2682	
		Examiner Name Marceau Milord	
Total Number of Pages in This Submission 17		Attorney Docket Number 15258US03	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 Page) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response (13 Pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks	Extension of Time Request (1 Page Each) filed in Duplicate.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>Michael T. Cruz</i>
Printed Name	Michael T. Cruz
Date	April 3, 2006

CERTIFICATE OF FAX TRANSMITTAL			
I hereby certify that this correspondence is being sent via facsimile transmission to Marceau Milord, an Examiner at the United States Patent and Trademark Office, at (571) 273-8300 on April 3, 2006.			
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	April 3, 2006

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FROM McANDREWS, HELD, & MALLOY

APR 03 2006

(MON) 4. 3' 06 19:32/ST. 19:30/NO. 4861050098 P 3

PTO/SB/17 (01-06)

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Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 450.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 13-0017

Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below

☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity  
Fee(\$)

Each independent claim over 3 (including Reissues)

Fee(\$)

Multiple dependent claims

Fee(\$)

Total Claims

Extra Claims

Fee(\$)

Fee Paid (\$)

-20 or HP

x

=

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee(\$)

Fee Paid (\$)

-3 or HP

x

=

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee

Fee Paid (\$)

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee(\$)

Fee Paid(\$)

-100

/50

(round up to a whole number)

x

=

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid(\$)

Other (e.g., late filing surcharge): Petition Fee for Petition for Two-Month Extension of Time (\$450)

450.00

## SUBMITTED BY

Signature

Michael T. Cruz

Name (print/type)

Michael T. Cruz

Registration No.  
(Attorney/Agent)

44,636

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Date

April 3, 2006

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